

## MONTHLY SECURE ALTERNATIVE LOCKUP PROGRAM (ALP) DATA FORM\*

This form reports data from: \_\_\_\_\_ and continues to: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

This form can be downloaded electronically at <http://www.state.ma.us/ccj/update.htm>

**Please e-mail this form to Jim Houghton no later than the 5<sup>th</sup> day of each calendar month at:** [Jim.Houghton@state.ma.us](mailto:Jim.Houghton@state.ma.us)

**ALP:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

| Capacity: | # of Males | # of Females |
|-----------|------------|--------------|
| 1         | 1          | 1            |
| 2         | 2          | 2            |
| 3         | 3          | 3            |
| 4         | 4          | 4            |
| 5         | 5          | 5            |
| 6         | 6          | 6            |
| 7         | 7          | 7            |
| 8         | 8          | 8            |
| 9         | 9          | 9            |
| 10        | 10         | 10           |
| 11        | 11         | 11           |
| 12        | 12         | 12           |
| 13        | 13         | 13           |
| 14        | 14         | 14           |
| 15        | 15         | 15           |
| 16        | 16         | 16           |
| 17        | 17         | 17           |
| 18        | 18         | 18           |
| 19        | 19         | 19           |
| 20        | 20         | 20           |
| 21        | 21         | 21           |
| 22        | 22         | 22           |
| 23        | 23         | 23           |
| 24        | 24         | 24           |
| 25        | 25         | 25           |
| 26        | 26         | 26           |
| 27        | 27         | 27           |
| 28        | 28         | 28           |
| 29        | 29         | 29           |
| 30        | 30         | 30           |
| 31        | 31         | 31           |
| 32        | 32         | 32           |
| 33        | 33         | 33           |
| 34        | 34         | 34           |
| 35        | 35         | 35           |
| 36        | 36         | 36           |
| 37        | 37         | 37           |
| 38        | 38         | 38           |
| 39        | 39         | 39           |
| 40        | 40         | 40           |
| 41        | 41         | 41           |
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| 48        | 48         | 48           |
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| 59        | 59         | 59           |
| 60        | 60         | 60           |
| 61        | 61         | 61           |
| 62        | 62         | 62           |
| 63        | 63         | 63           |
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| 70        | 70         | 70           |
| 71        | 71         | 71           |
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| 73        | 73         | 73           |
| 74        | 74         | 74           |
| 75        | 75         | 75           |
| 76        | 76         | 76           |
| 77        | 77         | 77           |
| 78        | 78         | 78           |
| 79        | 79         | 79           |
| 80        | 80         | 80           |
| 81        | 81         | 81           |
| 82        | 82         | 82           |
| 83        | 83         | 83           |
| 84        | 84         | 84           |
| 85        | 85         | 85           |
| 86        | 86         | 86           |
| 87        | 87         | 87           |
| 88        | 88         | 88           |
| 89        | 89         | 89           |
| 90        | 90         | 90           |
| 91        | 91         | 91           |
| 92        | 92         | 92           |
| 93        | 93         | 93           |
| 94        | 94         | 94           |
| 95        | 95         | 95           |
| 96        | 96         | 96           |
| 97        | 97         | 97           |
| 98        | 98         | 98           |
| 99        | 99         | 99           |
| 100       | 100        | 100          |

Please list below: 1) the date and exact time of intake, 2) the name of the juvenile, 3) the individual's date of birth, gender, and race/ethnicity [White, Black, Hispanic, Asian, Native American, Other], 4) the offense(s) with which the juvenile was charged [see code listing], 5) the name of the referring PD or State Police barracks, 6) the date and time released, 7) the number of bed nights used by the juvenile, and 8) the reason the juvenile was transferred to the ALP (e.g., seriousness of offense, outstanding warrants, parent/other relative/guardian *refused* to pick up juvenile from police lockup, parent/other relative/guardian *unable* to pick up juvenile [working, illness], etc.).

[illegible]

\*The information requested for each column must be complete and accurate. Failure to comply may delay reimbursement.